

Michigan Dept. of Health and Human Services WIC Management Evaluation Administration

Agency: _____ Clinic ID: _____

Reviewer: _____ Date: _____

MPR	Facility	Yes or N/A	If no, need Action Plan
2.1f	Is the clinic and waiting area clean? (e.g., restrooms supplied with soap, toilet paper, etc.)		
2.1f	Is the clinic and waiting area safe for children? (e.g., covers on electrical outlets, safe changing table, no sharp edges, no open stairways, toys are large enough to prevent choking accidents)		
2.1f	Are there safe places to change diapers, with covered disposal container and handwashing facilities?		
2.1f	Is the clinic and waiting area barrier-free? (Handicapped accessible)		
2.3b	Do facilities afford privacy for income intake, medical history and counseling? (No personal information can be overheard or seen by unauthorized person?) (MI-WIC Policy 1.03)		
2.3a	The local agency protects the names and addresses of clients' confidential information. (MI-WIC Policy 1.03)		
6.5b	Does the facility provide an area conducive to breastfeeding that includes comfortable chairs with arms, and a breastfeeding area away from the entrance? (MI-WIC Policy 4.03)		
Local Agency Required Procedures			
9.1a	Are local agency procedures developed for the following areas completed and reflect current MDHHS/WIC policy?		
9.1 a	<u>Disaster Plan</u> (MI-WIC Policy 1.12) <i>a. The local agency shall develop a disaster plan that will include:</i> <i>i. A copy of the parent agency's disaster preparedness plan, if applicable.</i> <i>ii. Local governmental/community agency emergency contact information.</i> <i>iii. State and local WIC staff contact information.</i> <i>iv. A plan for notifying clients of service disruption, relocation and availability of WIC services.</i>		
7.4c	<u>Returned Formula</u> (MI-WIC Policy 8.05) If LA chooses to donate unused/returned formula to a non-profit agency, the LA must have a policy that is approved by LA Admin and/or legal counsel.		
4.3c	<u>Hematological</u> (MI-WIC Policy 2.16-A. 8)-Specify, "retest" criteria for agency.		
9.1a	<u>Homeless Facility Agreement</u> - Are there Homeless Shelters/Facilities in the LA service area(s)? Y or N Has the agency contacted local facilities and signed the Agreement (Exhibit 2.22A)? (MI-WIC Policy 2.22 11/16)		
Local Agency Required Procedures		Yes or N/A	If no, need

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MPR			Action Plan
12.1d	<p><u>Immunization Policy</u> (MI-WIC Policy 6.03) <u>Only required</u> if within a local health department.</p> <p>1. <i>Local agency immunization collaboration policies may include the following:</i></p> <ul style="list-style-type: none"> a. <i>Immunization promotion methodologies</i> b. <i>Coordination of services that addresses:</i> <ul style="list-style-type: none"> i. <i>Assessment of children who are not up-to-date</i> ii. <i>Provision of information to Pregnant women regarding needed vaccines during pregnancy</i> iii. <i>Provision of information on recommended vaccination schedules</i> iv. <i>Referral for services</i> v. <i>Administration of vaccines.</i> c. <i>Provision of immunization training for WIC staff</i> <p>2. <i>Non-health department WIC agencies are encouraged to collaborate with local health departments within their jurisdiction to increase immunization rates.</i></p>		
9.1a	<p><u>Nutrition Education Collaboration/WIC Agreement</u> – Required if Collaborative Program, i.e. MSUE, provides Nutrition Education, including Project FRESH education. (MI-WIC Policy 5.08A – specifies activities performed, whom to contact, etc...)</p>		
Certification Timeframes			
5.2a	<p>How does the agency assure that applicants are scheduled within 10 days for Pregnant or Breastfeeding women and infants, homeless or migrant families? Within 20 days for Non-lactating woman or Child? (MI-WIC Policy 3.01)</p>		
5.2a	<p>Are appointments available for new clients within the required time frames?</p>		
		Pregnant, Breastfeeding Woman, Infant, Homeless, Migrant (High Priority-10 days)	
		Today's Date: Next Appt:	
		Child, Non-Lactating Woman, Transfer (MI-WIC Policy 3.04) (All others-20 days)	
		Today's Date: Next Appt:	
3.1h	<p>Does the agency have NCRD appointments available within 30 days at each site? (MI-WIC Policy 5.06)</p>		
5.2a	<p>Is the agency using the 10/20 DAY REPORT (CLINIC-</p>		Do not cite

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	<p>Reports-Schedules-10/20 Day Report) to monitor appointment scheduling? If not, suggest they do.</p> <ul style="list-style-type: none"> • Ensure that scheduling staff are recording <u>client</u> choice or not client choice for more than 10/20 days. • Yes = client wanted appt scheduled at the date/time (agency had earlier available appointments). • No = agency had no earlier appointments available (this was next available appointment). 		
MPR	Certification Timeframes	Yes or N/A	If no, need Action Plan
(5.2a)	<p>Are all enrollees and clients reminded of their certification appointments? (MI-WIC Policy 3.01)</p> <p>MI-WIC cards (automatic) Auto dialer/Text message Phone Other:</p>		
5.2a	<p>Are pregnant applicants or clients, who do not keep their certification appointments, contacted to reschedule? (MI-WIC Policy 3.01)</p> <p>LA contact is required if client selected "do not mail"</p> <p>How? MI-WIC postcard (automatic) Auto dialer/Text Message Agency follow-up</p> <p>Other:</p>		
5.2c	<p>Does the agency serve all categories? Y or N</p> <p>If not, has the agency notified MDHHS/WIC of a Waiting List? (MI-WIC Policy 3.02)</p>		
5.3d	<p>Does the agency schedule and/or perform IEVAL and CEVAL for infants and children certified for 8 months or more?</p> <p>Are clients who miss an IEVAL/CEVAL appointment offered another EVAL appointment?</p> <p>Are benefits NOT denied if clients do not complete IEVAL/CEVALs? (MI-WIC Policy 2.17)</p>		
MPR	Policy Review	Yes or N/A	If No, need Action Plan
9.1a	<p>How does Local Agency make staff aware of policy and procedure changes? (circle all that apply)</p> <p>staff meetings forward E-notice circulate copies training</p> <p>Ask staff where MI-WIC and LA Policies can be accessed.</p>		
	Returned Formula		
7.4a	Is the formula stored securely?		

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	(Is there limited staff access? i.e. key access)		
7.4b	Does the WIC Local Agency (LA) provide replacement EBT formula benefits in accordance with MI-WIC Policy 8.05? (For example, proper amount, via EBT only, etc.)		
7.4b	Does the agency require clients to return remaining formula before formula benefits are re-issued?		
7.4c	Is all returned formula that is not donated disposed of on the day of receipt?		
7.4c	Does the agency donate returned formula to non-profit programs in the community? Y or N		Do not cite if No
7.4c	Is the log 8.05A completed and submitted accurately and timely?		
MPR	Computer Security/Maintenance	Yes or N/A	If no, need Action Plan
10.1b	Does the agency protect each computer with MILogin access with antiviral software? (MI-WIC Policy 10.03)		
10.1b	How does LA ensure that staff doesn't share MILogin access/accounts? (MI-WIC Policy 10.03)		
10.1b	Does the agency Remove staff roles for staff who no longer work for WIC? (MI-WIC Policy 10.03) How is this monitored?		
2.3a	Does the agency protect client confidentiality through use of privacy screens or other means? (MI-WIC Policy 10.03)		
	Voter Registration (MI-WIC Policy 1.10)		
5.4d	Are clients who change their address offered to change their voter registration at that time?		
5.4 d	Are clients who change their address over the phone offered a mailed voter registration form or provided the website address? Michigan.gov/vote		
5.4d	Are all voter declination forms retained for 24 months after date on form? (Review file)		
5.4d	Are voter registration forms sent to county or township clerk at least on a weekly basis, or as stated in policy? (Ask/observe)		
	Transfer (MI-WIC Policy 3.04)		
5.2b	All transfer applicants are scheduled as soon as possible, so as not to interrupt program benefits, or within 20 days. (MI-WIC Policy 3.04) Review TRANSFER REPORT		
5.3c	For transfer clients, is a current and valid WIC ID, VOC or proof of current enrollment in WIC/WIC Overseas and current proof of residency the documentation needed to obtain WIC certification? (MI-WIC Policy 2.03, 2.19, 3.04)		
5.3c	Are eligible transfer clients given 1-year certification periods		

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	(from original cert date) and scheduled for infant/child evaluations (IEVAL/CEVAL)? (MI-WIC Policy 3.04)		
5.2b	For clients who transfer to another WIC Program or WIC Overseas and who request certification information, are certification records or VOC provided to the new WIC Program without a written release (if bona fide WIC site)? (MI-WIC Policy 3.04) If not, provide consultation.		
MPR	Breastfeeding Education, Promotion and Support	Yes or N/A	If no, need Action Plan
6.5a	Does the agency evaluate educational materials (using Exhibit 5.01c) to determine whether they present breastfeeding in a positive tone, are accurate, and are free of product names or images? (MI-WIC Policy 4.03)		
6.5a	Does the agency have a positive clinic environment – supporting breastfeeding as the preferred method of infant feeding? <ul style="list-style-type: none"> • Positive BF posters prominently displayed in each clinic room and area visible to clients • No formula/bottles displayed (MI-WIC Policy 4.03) 		
6.5b	Does the agency orient and train all staff to be supportive of breastfeeding? (MI-WIC Policy 4.02) <ul style="list-style-type: none"> • Clinic environment policies • Program goals and philosophy regarding BF • Task appropriate info about BF • Ways to promote, protect & support BF to WIC Clients 		
6.5c	Does the agency provide on-going breastfeeding training and staff activities at least quarterly? (MI-WIC Policy 4.02) How is this done? In-Service? Conferences? Including (but not limited to): <ul style="list-style-type: none"> • Initiation and maintenance of BF • Cultural diversity: sensitizing staff to their own attitudes and beliefs about BF, ways to promote, protect & support BF • Information on State and national activities that promote, protect & support BF • Is training documented on staff training log/screen or meeting minutes? 		
6.5b	What breastfeeding promotion and support activities are available to clients prenatally and during the post-partum period? BF classes BF Group BF peer Other: (MI-WIC Policy 4.01, 4.03)		
9.1a	Does the agency maintain an up-to-date Breast Pump		

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	inventory? Physical inventory required. Who monitors? _____ How often? _____ (MI-WIC Policy 4.04)		
(6.5a)	Does the agency use the “Six Steps to Achieve Breastfeeding Goals” Checklist from the National WIC Association to evaluate Breastfeeding services? (MI-WIC Policy 4.01)		If no, suggest they do
MPR	Recordkeeping/Accountability Inventory and Log records	Yes or N/A	If no, need Action Plan
9.1a	Does the agency maintain full and complete records concerning program operations, including equipment purchases/Computer Inventory Log/loaner breastpumps /warranty documentation? Review computer inventory (computers, printers, scanners, signature pads)-inventory signed annually by coordinator. Review inventory of WIC purchased item \$2500 or more. (MI-WIC Policy 10.01)		
9.1b	Does the agency retain all records required for audit or litigation until completion of the audit or litigation process, or for specified periods? (MI-WIC Policy 1.06)		
	Staff (MI-WIC Policy 1.07)		
2.3a	Does the agency require staff and volunteers to sign the Michigan WIC Employee Confidentiality and Compliance Agreement Signature Form annually? Review file. (MI-WIC Policy 9.02A)		
3.1a	Is required staff training ongoing and documented according to MI-WIC Policy 1.07?		
	Dual Enrollment/Participation (MI-WIC Policy 3.03)		
5.5a	Does the agency routinely search statewide for the Authorized Person AND the client record before “Pre-certifying” a new client/family to <i>prevent</i> dual enrollment?		
5.5a	Does the agency follow the WIC Dual Enrollment resolution process in MI-WIC Policy 3.03?		
	Does the agency review Dual Enrollment listings to determine if duplicate benefits were issued and mark <u>only</u> those clients for “investigate” (compliance)?		
10.1a	Does the agency follow-up and document any compliance investigation pertaining to possible WIC/WIC dual participation? (MI-WIC Policy 9.01)		
MPR	Caseload	Yes or N/A	If no, need

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			Action Plan
5.2	Utilize the Caseload Management Report/Migrant to monitor agency caseload and compliance with CPBC/contracted caseload. Is the agency averaging 97% of assigned caseload? (Commend if at or above 100%)		
	Compliance		
10.1a	Does the agency record all client fraud/compliance allegations on the <i>Add Complaint</i> Screen? (MI-WIC Policy 9.01, 9.02, 9.03)		
10.1b	Does agency prevent staff from certifying or providing benefits to self, relatives, or friends? (ask staff and Coordinator) (MI-WIC 9.03) How?		
10.1b	Does the agency maintain records (not in MI-WIC) of employee complaints on the Employee Compliance Log and employee investigations on the Employee Compliance Investigation Report? Review records to insure they are consistent with policy. (MI-WIC 9.02)		
10.1b	Does the agency have clinics where one staff member performs the entire certification? Y N If yes, What clinics: 1) Is an ongoing audit completed as required by policy? MI-WIC Policy 9.03A (100% IFF/IBP and 20% all others within 14 days) 2) Does the agency scan copies of all documents supporting eligibility into the client's MI-WIC record? Review audits performed. (MI-WIC Policy 9.03) 3) How are client's identified? Single Cert Report Schedules		
	Does the agency do WIC Enrollment in the hospital? Y/ N How is information obtained? Woman's ht/wt/hgb Form/ MR/ Verbal Infant's lgnth/wt/hc Form/ MR/ Verbal		
	Lead Screening (MI-WIC Policy 6.04)	Yes or N/A	If no, need

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			Action Plan
4.3c	Does the agency screen clients for lead testing and refer if they have not been tested or does the agency perform lead testing on all child clients? ____screen & refers ____tests all ____ tests MA clients		
9.1a	Ensure that billed funds are attributed to the WIC Program if WIC funded staff performs lead testing.		
12.1	If a record is not found in MCIR, are efforts made to link WIC/MCIR record to client? If not, suggest they do.		
	MIHP Outreach		
5.1b	Does the agency routinely provide referrals to MIHP/Healthy Start/Nurse Family Partnership/Great Start providers where available? (MI-WIC Policy 6.02) What programs are available: What is Referral process?		
9.1a	Review MIHP Billing Report or ask to ensure that billed funds are attributed to WIC Program if WIC staff performs assessments.		
	Fair Hearing (MI-WIC Policy 1.04)		
1.1b	Review fair hearing records, if any. Were policy and timeframes followed?		
1.1 b	Ask staff (if no Fair Hearings have been held) what are the actions to be taken if an applicant or client asks for a Fair Hearing? (MI-WIC Policy 1.04) If not familiar, recommend staff training.		
1.1b	Ask Coordinator to state how they handle request for Fair Hearing from staff/client. If not familiar, recommend staff training.		
1.1a	Observe that Fair Hearing flyers are available. (hard copy or MI-WIC) (MI-WIC Policy 1.04B)		
MPR	Annual Review/ME Process		

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9.1a	Has the agency completed annual reviews of each clinic and subcontractor using MDHHS/WIC or agency developed monitoring tools? (MI-WIC Policy 1.11) Circle: MDHHS/WIC ME tools Agency developed		
9.1a	Has the agency provided feedback, training and guidance to agency or sub-contractor staff regarding these annual reviews and findings? (MI-WIC Policy 1.11)		
11.1a	Has the agency completed the Corrective Action Plan (CAP) from their previous WIC Management Evaluation/ Annual review? (MI-WIC Policy 1.05, 1.11)		
11.1b	Has the agency allowed and facilitated access to all requested records and clinics during the current review? (MI-WIC Policy 1.05)		
	High Risk Monitoring	Yes or N/A	If no, Action Plan needed
6.6d	Does the agency review high risk records to ensure that clients are referred for counseling as required? How? Circle all that apply: a. High Risk Record review (at least annually) b. High Risk Report c. Observations/client interviews (at least annually) Other: _____ How often? _____ (at least annually) <i>Review monitoring data</i>		
	Does the monitoring process in place, result in improvements in compliance with MI-WIC? (MI-WIC Policy 1.11, 5.06)		

Reviewed by: _____ Date: _____

Consultant: _____ Date: _____